PIO SB 30 (09-04) Approved for use through 07.31.2006, OMB 0651.0031

2006. OMB 06\$1 0031
U.S. Patent and Trademark Office: U.S. DEPAR EMENT OF COMMERCE.

|                                                                                                                                                                                  | U                                                                                                                                                                                                                                                                                                                                                                            | nder the F                                | aperwork Reduction Act of 1995, no persons are rec                                                                                                                                   | quired to respond to a c | offection of informati | on unless it con     | tains a valid OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              |                                           | D                                                                                                                                                                                    | Application Number       |                        | 10/77                | 10/771,641                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              |                                           | Request<br>for                                                                                                                                                                       | Filing Date              |                        | Febru                | February 04, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Co                                                                                                                                                                               | on                                                                                                                                                                                                                                                                                                                                                                           |                                           | d Examination (RCE)                                                                                                                                                                  | First Named I            | Inventor               | Rich                 | ard E. Raby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Address                                                                                                                                                                          | tor                                                                                                                                                                                                                                                                                                                                                                          |                                           | Transmittal                                                                                                                                                                          | Art Unit                 |                        | 3732                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Mail Ste<br>Commis                                                                                                                                                               | p R                                                                                                                                                                                                                                                                                                                                                                          |                                           | Patents                                                                                                                                                                              | Examiner Na              | me                     | e Tarun K. Srivastav |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| P.O. Bo:<br>Alexand                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |                                           | 313-1450                                                                                                                                                                             | Attorney Doc             | ket Number             | 5952                 | 5US002 (1004-100US01)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Request 1                                                                                                                                                                        | îor (                                                                                                                                                                                                                                                                                                                                                                        | ontinuce                                  | Continued Examination (RCE) under 37 Cf<br>d Examination (RCE) practice under 37 CFR<br>see Instruction Sheet for RCEs (not to be s                                                  | 1 114 does not apply     | to any utility or p    |                      | on filed prior to June 8, 1995, or to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 1. 5                                                                                                                                                                             | Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs other applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry amendment(s). |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 8                                                                                                                                                                                | i.                                                                                                                                                                                                                                                                                                                                                                           |                                           | Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | i.<br>ii.                                 | Consider the arguments in the App     Other                                                                                                                                          | eal Brief or Reply       | Brief previously       | filed on             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| t                                                                                                                                                                                | ٥.                                                                                                                                                                                                                                                                                                                                                                           | $\boxtimes$                               | Enclosed                                                                                                                                                                             |                          |                        | -                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | i.<br>Ii.                                 |                                                                                                                                                                                      |                          |                        |                      | closure Statement (IDS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 2.                                                                                                                                                                               | Mic                                                                                                                                                                                                                                                                                                                                                                          | ii. Affidavit(s)/Declaration(s) iv. Other |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  | Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a periomonths. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)                                                                                                                                                                           |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  | ь.                                                                                                                                                                                                                                                                                                                                                                           | П                                         | Other                                                                                                                                                                                |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 3. 1                                                                                                                                                                             | Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.                                                                                                                                                                                                                                                                                     |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1                                                                                                                                                                                | a.                                                                                                                                                                                                                                                                                                                                                                           | $\boxtimes$                               | The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1778.                                                          |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | ì.                                        | RCE fee required under 37 CFR 1.                                                                                                                                                     | .17(e)                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | ii.                                       | Extension of time fee (37 CFR 1.1                                                                                                                                                    | 36 and 1.17)             |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | iii.                                      | Any other charges not covered                                                                                                                                                        |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                           |                                           | Check in the amount of \$                                                                                                                                                            | enclosed                 |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                  | e.                                                                                                                                                                                                                                                                                                                                                                           |                                           | Payment by credit card (Form PTO-203                                                                                                                                                 |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Signature                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                              |                                           | Jestica H. Kwak                                                                                                                                                                      |                          | Date                   |                      | December 17, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Name (Print/Type)                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      |                          | Registration N         |                      | 58,975                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      | OF MAILING OR            |                        |                      | The same of the sa |  |
| addresse                                                                                                                                                                         | d to                                                                                                                                                                                                                                                                                                                                                                         | Mail S                                    | his correspondence is being deposited with the<br>top RCE, Commissioner for Patents, P.O. Boy<br>transmitted via the United States Patent and 1                                      | x 1450. Alexandria.      | VA 22313-1450 o        | r facsimile tra      | insmitted to the U.S. Paten) and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Frademark Office ortransmitted via the United States Parent and Trademark Office electronic filing system on the date shown below  Signature Beth M. Lindblom                    |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name (                                                                                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                            | it/Eyne)                                  | Beth M. Lindblom                                                                                                                                                                     | m                        | Date                   | Т                    | December 17, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| This collection of information is required by 37 CFR 1114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to         |                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                      |                          |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including referring appearing, and submitting the completed approaches from the USPTD. Time will say, depending upon the last of a complete from the last of the